HEALTH CARE REIT INC /DE/

Form 4

February 03, 2005

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number:

5. Relationship of Reporting Person(s) to

(Check all applicable)

Issuer

31.0787

3235-0287 January 31, Expires: 2005

OMB APPROVAL

Estimated average burden hours per response... 0.5

if no longer subject to Section 16. Form 4 or Form 5

obligations

Check this box

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

2. Issuer Name and Ticker or Trading

HEALTH CARE REIT INC /DE/

Symbol

[HCN]

1(b).

Stock

(Print or Type Responses)

CHAPMAN GEORGE L

1. Name and Address of Reporting Person *

				[HCN]	J					`	,		
										C_ Director 10% Owner C_ Officer (give title Other (specify below) Chairman and CEO			
					Filed(Month/Day/Year) App					ndividual or Joint/Group Filing(Check blicable Line) Form filed by One Reporting Person Form filed by More than One Reporting			
	(City)	(State)	(Zip)	Tal	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
	1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemee Execution I any (Month/Day	Date, if	3. Transa Code (Instr.	8)	4. Securities anDisposed of (Instr. 3, 4 and Amount	(D)	red (A) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
	Common Stock	02/01/2005			M		4,519	A		221,425.4395	D		
	Common Stock	02/01/2005			S(1)		4,519	D	\$ 33	216,906.4395	D		
	Common Stock	02/20/2004			J(2)	V	82.0747	A	\$ 35.9288	216,988.5142	D		
	Common Stock	05/20/2004			J(2)	V	104.4751	A	\$ 29.1805	217,092.9893	D		
	Common	08/20/2004			J(2)	V	100.3963	A	\$ 31.0787	217,193.3856	D		

Edgar Filing: HEALTH CARE REIT INC /DE/ - Form 4

Common Stock	11/19/2004	J(2)	V	92.2583	A	\$ 34.8106	217,285.6439	D	
Common Stock	02/20/2004	J(2)	V	136.6507	A	\$ 35.9288	8,662.7236	I	IRA (3)
Common Stock	05/20/2004	J(2)	V	169.2488	A	\$ 29.1805	8,831.9724	I	IRA (3)
Common Stock	08/20/2004	J(2)	V	164.2138	A	\$ 31.0787	8,996.1862	I	IRA (3)
Common Stock	11/19/2004	J(2)	V	155.823	A	\$ 34.8106	9,152.0092	I	IRA (3)
Common Stock	02/20/2004	J(2)	V	38.3482	A	\$ 35.9288	2,831.0105	I	Account for Son
Common Stock	05/20/2004	J(2)	V	47.4963	A	\$ 29.1805	2,878.5068	I	Account for Son
Common Stock	08/20/2004	J(2)	V	46.083	A	\$ 31.0787	2,924.5898	I	Account for Son
Common Stock	11/19/2004	J(2)	V	43.7283	A	\$ 34.8106	2,968.3181	I	Account for Son
Common Stock	02/20/2004	J(2)	V	38.3581	A	\$ 35.9288	2,831.6396	I	Account for Son
Common Stock	05/20/2004	J(2)	V	47.5083	A	\$ 29.1805	2,879.1479	I	Account for Son
Common Stock	08/20/2004	J(2)	V	46.0951	A	\$ 31.0787	2,925.243	I	Account for Son
Common Stock	11/19/2004	J(2)	V	43.7399	A	\$ 34.8106	2,968.9829	I	Account for Son (4)
Common Stock	02/20/2004	J(2)	V	38.3482	A	\$ 35.9288	2,831.0105	I	Account for Son (4)
Common Stock	05/20/2004	J(2)	V	47.4963	A	\$ 29.1805	2,878.5068	I	Account for Son
Common Stock	08/20/2004	J(2)	V	46.083	A	\$ 31.0787	2,924.5898	I	Account for Son

Edgar Filing: HEALTH CARE REIT INC /DE/ - Form 4

Account $J_{\frac{(2)}{2}}$ V 43.7283 A $\frac{\$}{34.8106}$ 2,968.3181 Common 11/19/2004 for Son Stock

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

3. Transaction Date 3A. Deemed

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

6. Date Exercisable and

7. Title and Amount of

(5)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

5. Number

Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction Derivative		Expiration Date		Underlying Securities	
Security	or Exercise		any	Code	Securities	(Month/Day/Year	.)	(Instr. 3 and	4)
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired				
	Derivative				(A) or				
	Security				Disposed of				
					(D)				
					(Instr. 3, 4,				
					and 5)				
									Amount
						D . E . 11	Expiration	m: a	or
						Date Exercisable	Date	Title	Number
				Code V	(A) (D)				of Shares
				Couc v	(A) (D)				Shares
Option									4.510
(Right to	\$ 22.125	02/01/2005		D	4,519	02/01/2005(5)	02/06/2005	Common	4,519
0					,				(5)

Reporting Owners

Reporting Owner Name / Address	Kelationships							
	Director	10% Owner	Officer	Other				
CHAPMAN GEORGE L								
ONE SEAGATE	X		Chairman and CEO					
SUITE 1500	Λ		Chairman and CEO					
TOLEDO, OH 43604								

Signatures

1. Title of 2.

Buy)

By: Erin C. Ibele Attorney-in-Fact For: George L. 02/03/2005 Chapman

> **Signature of Reporting Person Date

Explanation of Responses:

- If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) The sale transaction was pursuant to Mr. Chapman's 10b5-1 trading plan.

Reporting Owners 3

Edgar Filing: HEALTH CARE REIT INC /DE/ - Form 4

- (2) Dividend Reinvestment under the Amended and Restated Dividend Reinvestment and Stock Purchase Plan
- (3) George L. Chapman III SSB IRA Rollover Custodian
- (4) Account for son of George L. Chapman
 - Options for the purchase of 39,268 shares of common stock at \$22.125 per share were granted to Mr. Chapman on February 6, 1995,
- (5) which grant has previously been reported. The partial exercise of these options for the purchase of 34,749 shares has previously been reported. Of the remaining options, options for the purchase of 4,519 shares vested on February 1, 2005.
- (6) The options were granted under the Health Care REIT, Inc. 1985 Incentive Stock Option Plan and had no acquisition price.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.